



Leptospirosis Case Report Form

Visit www.cdc.gov/leptospirosis for a fillable PDF version of this Case Report

Form Approved
OMB 0920-0728
Exp. 1/31/2019

Redact Patient's Name and Address prior to sending a copy of the form to CDC.

Send completed form by fax to (404) 929-1590, encrypted email to bspb@cdc.gov, secure FTP, or to CDC / Bacterial Special Pathogens Branch, 1600 Clifton Road NE, MS-A30, Atlanta, GA 30329-4027. Call (404) 639-1711 or email bspb@cdc.gov with questions about a case, lab testing, or form submission.

Patient's Name: _____ Date First Submitted: _____ Clinician's Name: _____

Address: _____ State Case ID: _____ Clinician's Phone: _____

City: _____ Reporting State: _____

Demographics

State of Residence _____ Zip Code _____ County of Usual Residence _____ Sex Male Female Unknown Pregnant Yes No Unknown Birth Date _____ Age _____ days months years

Race Alaska Native or American Indian Black/African American White Hispanic or Latino Not Hispanic or Latino Asian Native Hawaiian or Other Pacific Islander Not Specified Unknown

Clinical Presentation

Was the patient symptomatic? Yes No Unknown If yes, Date of Onset _____

Select all clinical manifestations the patient experienced:

Fever Conjunctival suffusion Jaundice Pulmonary complications Gastrointestinal involvement
 Myalgia Thrombocytopenia Hepatitis Cardiac involvement Rash (petechial or maculopapular)
 Headache Aseptic meningitis Hemorrhage Renal insufficiency/failure

Other, specify: _____

Outcome

Was the patient hospitalized? Yes No Unknown If yes, date admitted _____ Number of days hospitalized _____

Was antimicrobial treatment given for this infection? Yes No Unknown If yes, date started _____

Which drugs (select all that apply)? Doxycycline Penicillin Other, specify: _____

Clinical Outcome: Still hospitalized Died Discharged Other

Date of Discharge _____ Date of Death _____ Illness Duration (days) _____

Laboratory Results

Culture	Specimen Type <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Other _____ <input type="checkbox"/> Urine <input type="checkbox"/> Tissue <input type="checkbox"/> Unknown	Collection date _____	Result <input type="checkbox"/> Positive <input type="checkbox"/> Unknown <input type="checkbox"/> Negative
PCR	Specimen Type <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Unknown <input type="checkbox"/> Urine <input type="checkbox"/> Other _____	Collection date _____	Result <input type="checkbox"/> Positive <input type="checkbox"/> Unknown <input type="checkbox"/> Negative
PCR	Specimen Type <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Unknown <input type="checkbox"/> Urine <input type="checkbox"/> Other _____	Collection date _____	Result <input type="checkbox"/> Positive <input type="checkbox"/> Unknown <input type="checkbox"/> Negative
MAT	Acute Collection Date _____ Highest Titer _____	Convalescent (≥ 2 weeks later) Collection Date _____ Highest Titer _____	<input type="checkbox"/> 4-fold rise in titer <input type="checkbox"/> Single titer ≥ 800
Other test	<input type="checkbox"/> ELISA <input type="checkbox"/> Immunohistochemistry (IHC) <input type="checkbox"/> Lateral flow test <input type="checkbox"/> Other (Specify): _____		Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Inconclusive
If ELISA, choose type	<input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> IgG & IgM <input type="checkbox"/> ImmunoDot (IgM) <input type="checkbox"/> Not Applicable		Titer* _____ *If applicable

Leptospira serovar[^] _____ [^]identified by PFGE, MLST, or other molecular typing method

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329-4027; ATTN: PRA (0920-0728).

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Exposures in 30 days prior to illness onset, specify if the patient had:

Contact with animals (select all that apply) Farm livestock Wildlife Rodents Dogs Other No known contact Unknown
Specify animal: _____
Where did animal contact(s) occur (eg, at home)? _____

Contact with water (select all that apply) Standing fresh water (eg, lake, pond) River/stream Wet soil Flood water, run-off Sewage
 Other No known contact Unknown Specify water: _____
Where did water contact(s) occur (specify location)? _____

If the patient had contact with animals or water, select the type of contact:

Occupational Farmer (Land) Farmer (Animals) Fish worker Unknown Other
If Other, Specify: _____

Avocational Gardening Pet Ownership Unknown Other
If Other, Specify: _____

Recreational Swimming Boating Outdoor competition Camping/hiking Hunting Unknown Other
If Other, Specify: _____

Other (Specify): _____

In the 30 days prior to illness onset,

Did the patient stay in housing with evidence of rodents? Yes No Unknown Did the patient stay in a rural area? Yes No Unknown
Did the patient travel outside of county, state, or country? Yes No Unknown Travel destination(s): _____
Was there heavy rainfall near the patient's place of residence, work site, activities, or travel? Yes No Unknown
Was there flooding near the patient's place of residence, work site, activities, or travel? Yes No Unknown
Did the patient have similar exposures as a contact diagnosed with leptospirosis in the 30 day period? Yes No Unknown
Has the patient ever had leptospirosis? Yes No Unknown Is this patient part of an outbreak? Yes No Unknown
If yes, describe outbreak: _____

Classify case based on the CSTE/CDC case definition (see criteria below)

Confirmed Probable
Investigator Name: _____ Phone Number: _____

Comments

Confirmed: Isolation of *Leptospira* from a clinical specimen, OR fourfold or greater increase in *Leptospira* agglutination titer between acute- and convalescent-phase serum specimens studied at the same laboratory, OR demonstration of *Leptospira* in tissue by direct immunofluorescence, OR *Leptospira* agglutination titer of ≥ 800 by Microscopic Agglutination Test (MAT) in one or more serum specimens, OR detection of pathogenic *Leptospira* DNA (e.g., by PCR) from a clinical specimen.

Probable: A clinically compatible case with involvement in an exposure event (e.g., adventure race, triathlon, flooding) with known associated cases, OR *Leptospira* agglutination titer of ≥ 200 but < 800 by Microscopic Agglutination Test (MAT) in one or more serum specimens, OR demonstration of anti-*Leptospira* antibodies in a clinical specimen by indirect immunofluorescence, OR demonstration of *Leptospira* in a clinical specimen by darkfield microscopy, OR detection of IgM antibodies against *Leptospira* in an acute phase serum specimen, but without confirmatory laboratory evidence of *Leptospira* infection.